

1. MUST ENTER NUMBER OF TOTAL EMPLOYEES
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID
3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF FRANKFORT
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3)
5. ACTUAL TAX DUE IN QUARTER AT 1.75%
6. ADJUSTMENTS (PRIOR QUARTERS)
7. INTEREST - 1% PER MONTH OR PORTION OF MONTH UNTIL PAID.
8. PENALTY - 5% PER MONTH OR PORTION OF MONTH NOT TO EXCEED 25%, HOWEVER IT SHALL NOT BE LESS THAN \$25.00.
9. TOTAL TAXES DUE INCLUDING INTEREST & PENALTY

*IF NO WAGES WERE PAID THIS QUARTER, MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION.

NAME

&

ADDRESS

OF

EMPLOYER

TAXABLE EMPLOYEES

\$	
\$	

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNED _____

OFFICIAL TITLE _____

DATE

TELEPHONE 502-875-8504

FAX 502-875-8502

ORIGINAL-RETURN TO CITY OF FRANKFORT

Make Check Payable To:

DIRECTOR OF FINANCE, CITY OF FRANKFORT

ACCOUNT NO.	FOR QUARTER ENDING	DUE ON / OR BEFORE

Mail To: LICENSE FEE DIVISION
MUNICIPAL BUILDING
P.O. BOX 697
FRANKFORT, KY 40602

QUARTERLY LICENSE FEE RETURN

INDIVIDUAL, SELF EMPLOYED OR EMPLOYER'S QUARTERLY WITHHOLDING LICENSE FEE RETURN

NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS QUARTER.